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Bib Data Sheet

CONFIRMATION NO. 2834

<b>SERIAL NUMBER</b> 09/684,869	<b>FILING DATE</b> 10/06/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2163	<b>ATTORNEY DOCKET NO.</b> PSTM0009/MRK/STM
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/158,179 10/06/1999  
WHICH CLAIMS BENEFIT OF 60/170,186 12/10/1999  
WHICH CLAIMS BENEFIT OF 60/170,504 12/13/1999  
WHICH CLAIMS BENEFIT OF 60/192,692 03/28/2000  
WHICH CLAIMS BENEFIT OF 60/192,723 03/27/2000  
WHICH CLAIMS BENEFIT OF 60/193,899 03/31/2000  
WHICH CLAIMS BENEFIT OF 60/195,748 04/06/2000

yes  
ERL

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/27/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 92	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>ERC</u> Initials				

**ADDRESS**

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**TITLE**

Reporting shipping rates and delivery schedules for multiple services and multiple carriers

<b>FILING FEE RECEIVED 3054</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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<input type="checkbox"/> Other _____								
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